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PTO/SB/82 (09-03)
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/883113
Filing Date	06/15/2001
First Named Inventor	Klaus Schroiff et al
Art Unit	2171
Examiner Name	N/A
Attorney Docket Number	DE920000061US1

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ The address associated with
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29,683

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Pajk Saber

Signature

Date

March 17, 2004

Telephone

408-256-2073

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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INDICATION FORM**

Application Number	09/883113
Filing Date	06/15/2001
First Named Inventor	Klaus Schroiff et al
Title	Cascading Failover Of A Data..
Art Unit	2171
Examiner Name	N/A
Attorney Docket Number	DE920000061US1

I hereby appoint:

☒ Practitioners associated with the Customer Number:

29,683

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with Customer Number:

29,683

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Paik Saber		
Signature			
Date	March 17, 2004	Telephone	408-256-2073

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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